

Name  
in  
Full

Dana Pennel

## CERTIFICATE OF DEATH

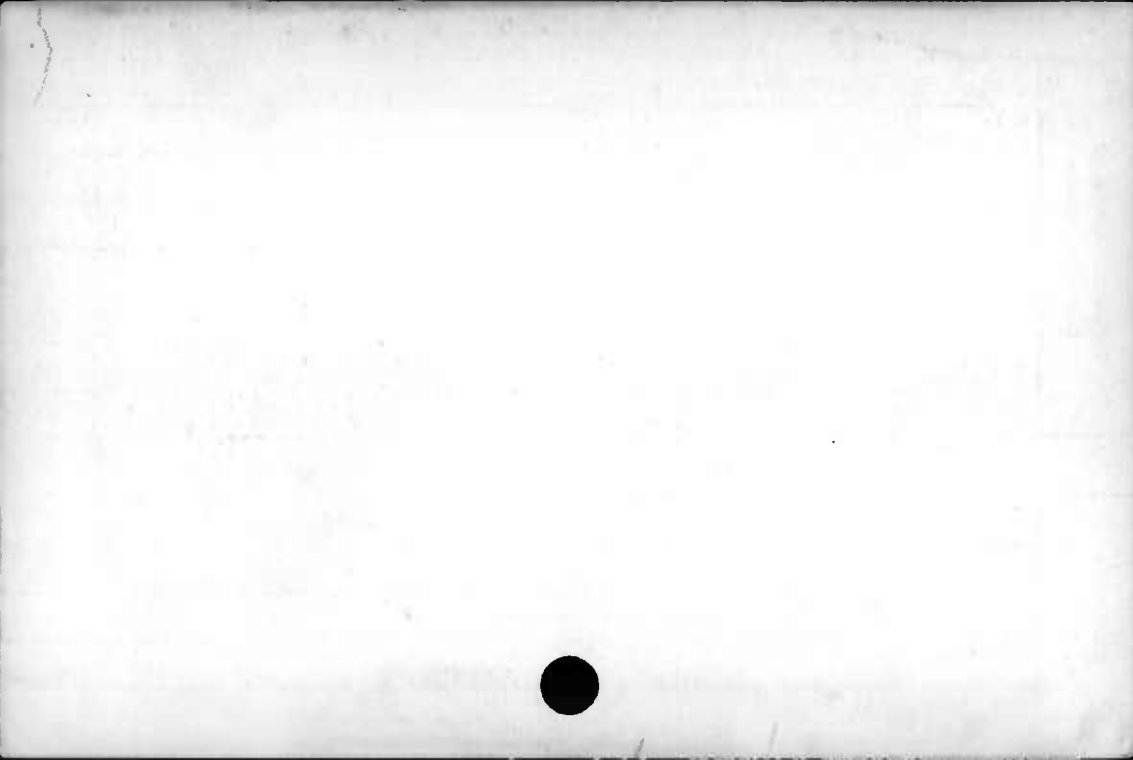
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1905		July	28	24			
Sex	male		Color or Race	Black		Birth-place	Virginia
Occupation	Sailor			Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name						Father's Birthplace	
Mother's Maiden Name						Mother's Birthplace	
Name of person giving Information						How related to deceased	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Hemorrhage into Brain		How long	64	3 weeks
Immediate	Exhaustion and paralysis		How long		2 weeks
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician		
			Address		
			Gamling, Tex		
Accident or Suicide?					



Name in Full <b>Sarah C. Clark</b>		CERTIFICATE OF DEATH	
Died <b>Q.O. Cambridge</b> Town		<b>Boncheret</b> County	
Date of death <b>1905</b> Month <b>July</b> Day <b>14</b> Age <b>21</b> Years Months Days		- -	
Sex <b>Female</b> Color or Race <b>Colored</b>		Birth-place <b>Wm. Co. Md.</b>	
Occupation <b>House wife</b>		Where Residing if not at place of death	
Married, Single or Widowed <b>Married</b>		Name of Wife or Husband <b>Edward Clark</b>	
Father's Name <b>Harper Jones</b>		Father's Birthplace <b>Wm. Co. Md.</b>	
Mother's Name <b>Priscilla Jones</b>		Mother's Birthplace <b>Wm. Co. Md.</b>	
Name of person giving information <b>Harper Jones</b>		How related to deceased <b>Father</b>	
CAUSES OF DEATH			
Primary <b>Phthisis Pulmonalis</b>		How long <b>Some months</b>	
Immediate <b>Exhaustion</b>		How long <b>—</b>	
Are the name, age, sex, color, date and place correctly given above? <b>Yps</b>		Signature of Physician <b>[Signature]</b>	
		Address <b>Cambridge Md.</b>	
Accident or Suicide?			

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

Remond Clark

## CERTIFICATE OF DEATH

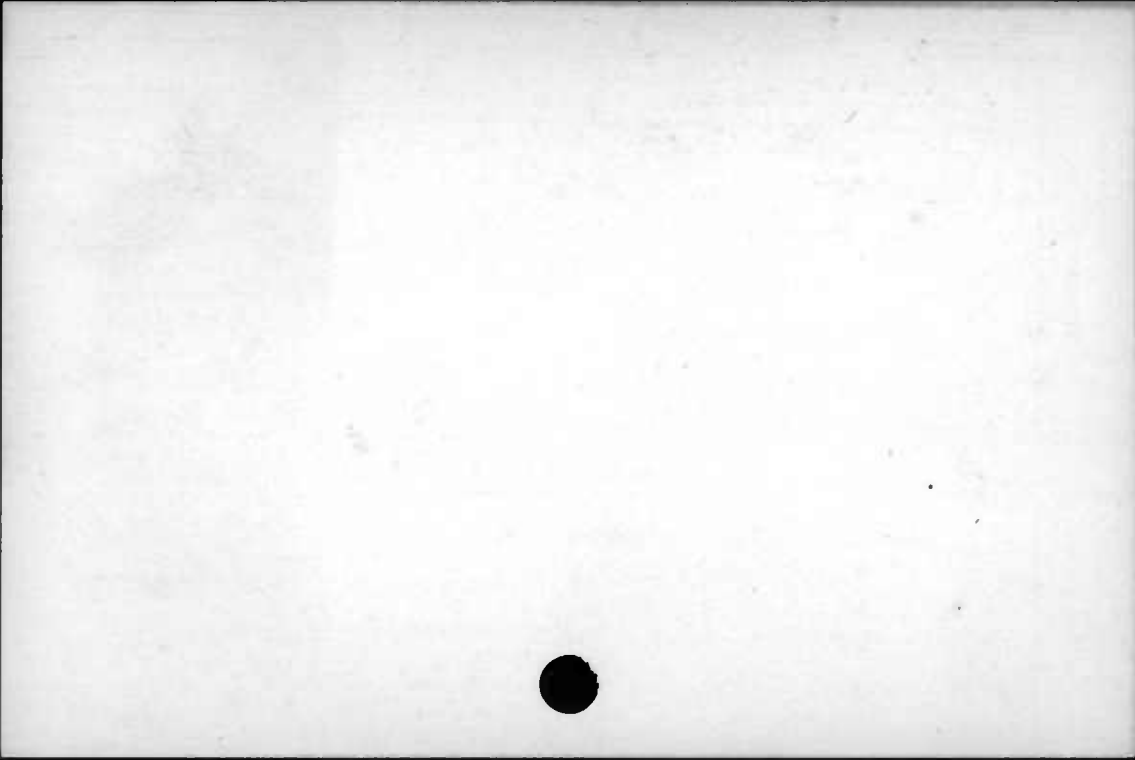
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <b>Cambridge</b> <small>Town</small>		<b>Worcester</b> <small>County</small>		MARYLAND	
Date of death	<b>1905</b> <small>Year</small>	<b>July</b> <small>Month</small>	<b>28</b> <small>Day</small>	Age <b>48</b> <small>Years</small>	<b>—</b> <small>Months</small>
Sex	<b>Male</b>		Color or Race	<b>Colored</b>	
Occupation	<b>Hauler</b>		Where Residing if not at place of death		
Married, Single or Widowed	<b>Single</b>		Name of Wife or Husband <b>—</b>		
Father's Name	<b>not known</b>			Father's Birthplace	<b>—</b>
Mother's Maiden Name	<b>not known</b>			Mother's Birthplace	<b>—</b>
Name of person giving information	<b>Hospital record</b>			How related to deceased	<b>—</b>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<b>Palsy from Spillet's tumor</b>	How long	<b>—</b>
Immediate	<b>rupture of vessel in brain</b>	How long	<b>21 minutes</b>
Are the name, age, sex, color, date and place correctly given above?	<b>Yes</b>	Signature of Physician	<b>John Moore</b>
		Address	<b>Cambridge Md.</b>
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

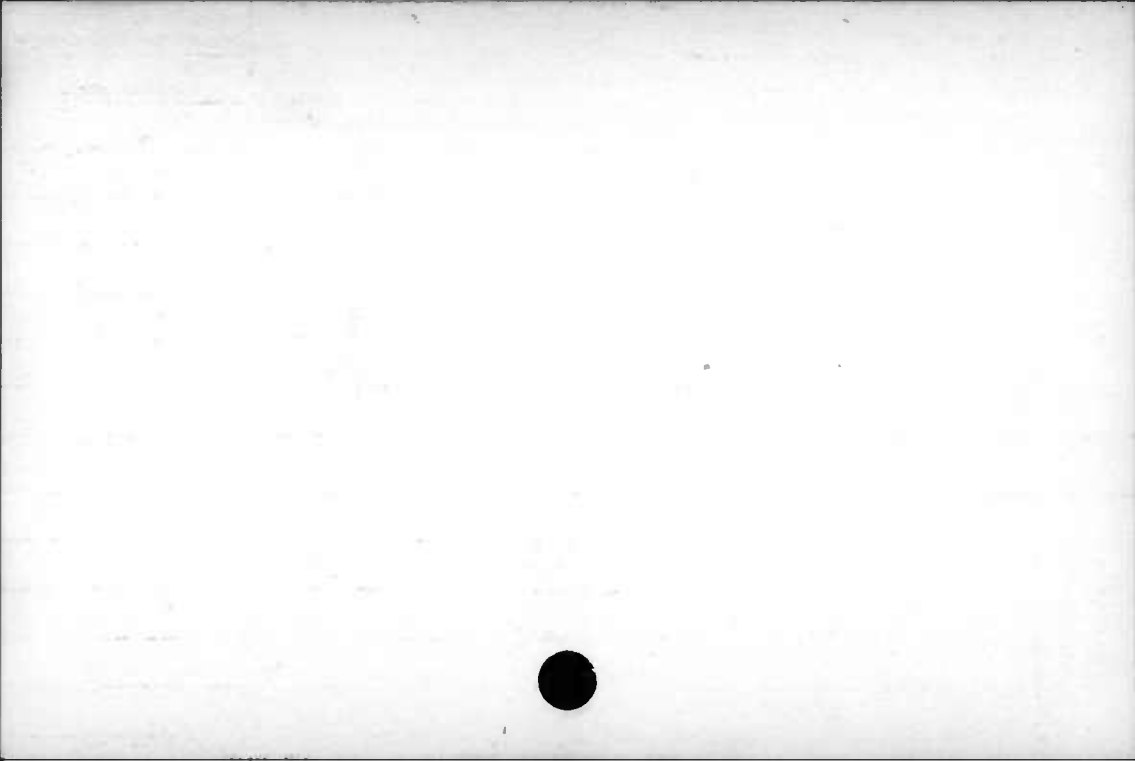
MARYLAND

Died at <i>East Newmarket</i>		County <i>For</i>	
Date of death <i>190</i>	Month <i>Feb</i>	Day <i>28</i>	Age <i>76</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Sacramento</i>	
Occupation <i>House Keeper</i>	Where Residing if not at place of death <i>near East Newmarket</i>		
<del>Name of Deceased</del> or Widowed	Name of Wife or Husband <i>Daniel Paulsen</i>		
Father's Name <i>John T. Asksby</i>	Father's Birthplace <i>Wisconsin</i>		
Mother's Maiden Name <i>Koney Gilman</i>	Mother's Birthplace <i>Kentucky</i>		
Name of person giving information <i>Hon. Arney</i>	<i>10</i>		How related to deceased <i>Sons</i>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Lo Gripps, Pneumonia</i>	How long <i>6 days</i>
Immediate <i>Heart failure to reaction</i>	How long <i>3 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Victor E. Hilaty</i>
	Address <i>East Newmarket</i>
Accident or Suicide? <input checked="" type="checkbox"/>	





Name  
in  
Full

Geo. Wash. Crighton

## CERTIFICATE OF DEATH

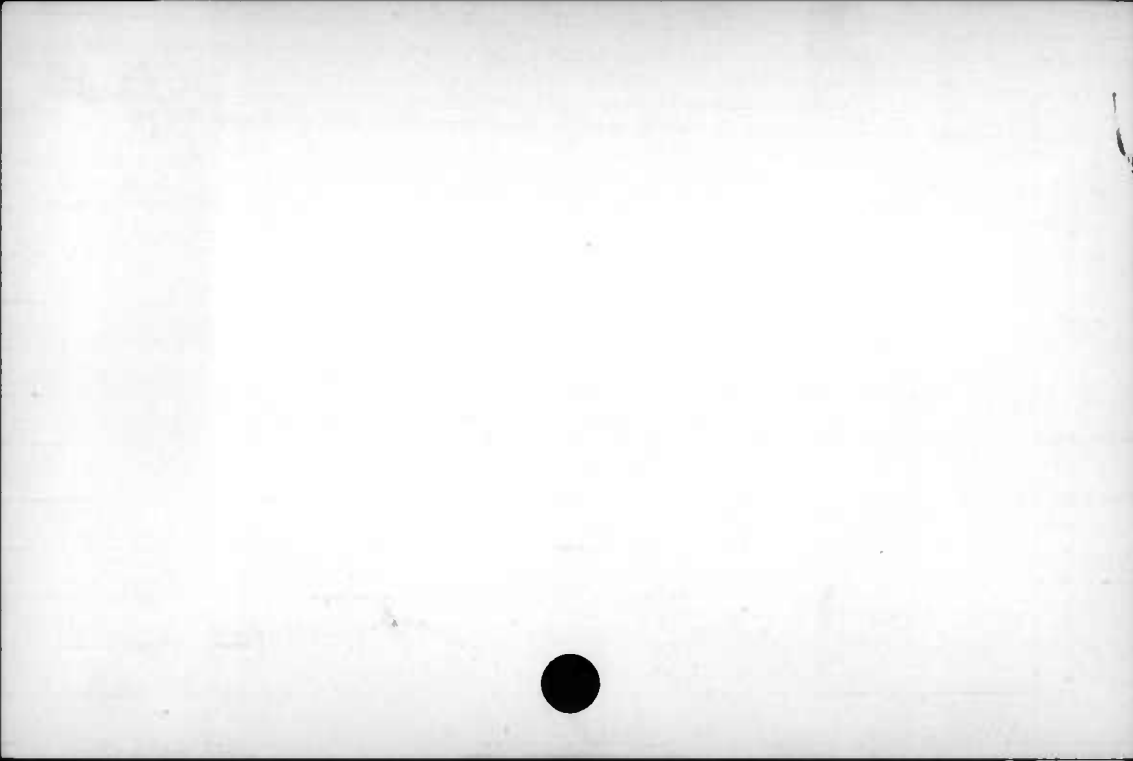
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <b>Fishing Creek</b> <small>Town</small>		<b>Norchester</b> <small>County</small>		MARYLAND	
Date of death 190 <b>5</b> <small>Month</small> <b>Feb.</b> <small>Day</small> <b>25</b>		Age <b>42</b> <small>Years</small>		Months <b>10 mos.</b> Days <b>3 days</b>	
Sex <b>Male</b>		Color or Race <b>White</b>		Birth-place <b>Norchester Co</b>	
Married, Single or Widowed <b>Married</b>		Occupation <b>Teacher</b>			
Name of Wife or Husband <b>Sue E. Jefferson</b>					
Father's Name <b>J. T. Crighton</b>				Father's Birthplace <b>Norchester Co</b>	
Mother's Maiden Name <b>Sarah A. E. Parker</b>				Mother's Birthplace <b>Norchester Co</b>	
Name of person giving information <b>Sue C. Crighton</b>				How related to deceased <b>Wife</b>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<b>Double Sotar Pneumonia</b>	How long	<b>7 days.</b>
Immediate	<b>Cardiac failure</b>	How long	<b>Sudden</b>
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>		Signature of Physician <b>W. H. Houston M.D.</b>	
		Address <b>Fishing Creek Md.</b>	
Accident or Suicide? <input checked="" type="checkbox"/>			



TO BE ANSWERED BY  
NEAREST FRIEND

### CERTIFICATE OF DEATH

County

## MARYLAND

Days

22

Dorchester Co

Occupation

Father's  
Name

John W. Crighton

**Father's Birthplace**

Dorchester Co

Mother's  
Maiden Name

Daisy D. Brighten

Mother's Birthplace

Narcheston

Name of person giving information

John W. Craighton

How related  
to deceased

father

### CAUSES OF DEATH

Primary

Broncho Pneumonia

How long

Immediate

Exhaustion

92

How long

# days

Are the name, age, sex, color, date and place correctly given above?

КСД

Signature of Physician

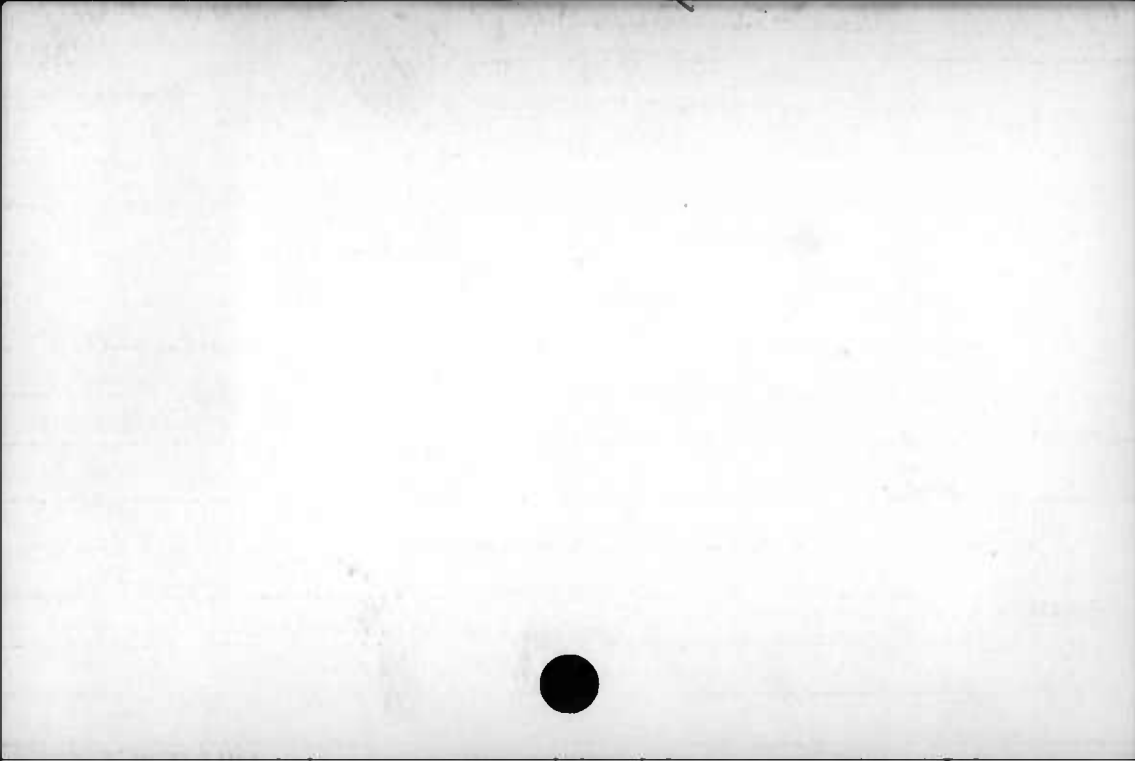
Address

W. H. Housh

Fishing Crack No

### Accident or Suicide?

PHYSICIAN  
OR CORONER



Name in Full

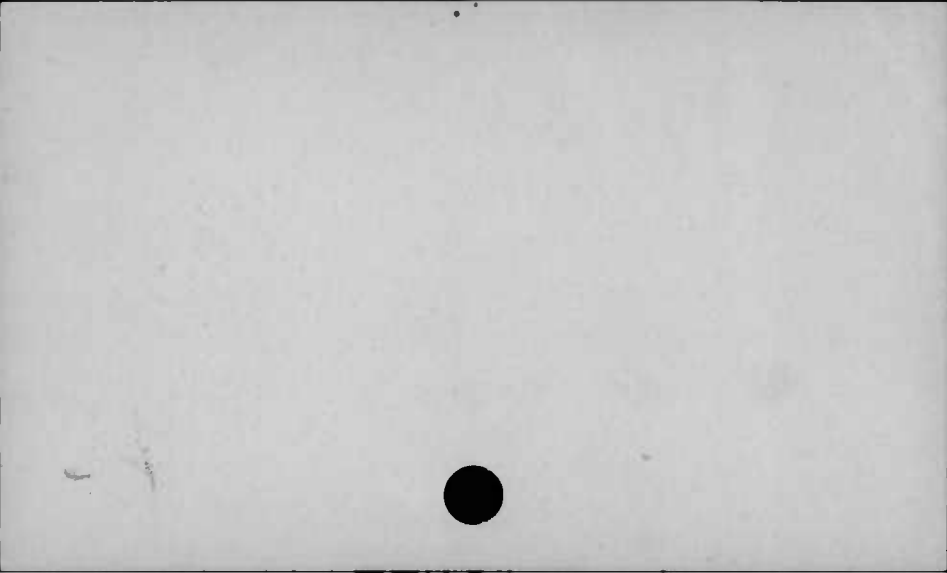
Certificate of Death

Mrs. *Ardisa Dean*  
 Died at *Fishing Creek* <sup>Town</sup> *Darchester* <sup>County</sup> *MARYLAND*  
 Date 1905 Feb 24 | Age 64 | Native of *Bainbridge* | Occupation *Housekeeper*  
~~Male~~ White Married ~~Widow~~ ~~Divorced~~  
 Female ~~Colored~~ Single ~~Widowed~~ Number of children living 4

Husband of *John Dean*  
 Wife  
 Father's Name *Chas. Flowers* Mother's Name *Sarah Flowers*  
 Maiden Name

Cause of Death Primary *Diphtheria* How long sick 4  
 Death Immediate 93  
 Accident, Suicide, Homicide

Reported by *Walter Flowers*  
 Address *Fishing Creek*  
 Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. *W. H. Simmons*



Name

in  
Full

David R. Gurnall

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Cambridge</u> <small>Town</small>		<u>Orchester</u> <small>County</small>		MARYLAND	
Date of death	1905	Month	July	Day	28
Age	-	Years	-	Months	9
Sex	Male	Color or Race	Colored	Birth-place	Cambridge Md
Occupation	—		Where Residing if not at place of death —		
Married, Single or Widowed	Single	Name of Wife or Husband —			
Father's Name	David R. Gurnall			Father's Birthplace	Cambridge Md
Mother's Maiden Name	Mary Randall			Mother's Birthplace	Annapolis Md
Name of person giving information	David R. Gurnall			How related to deceased	72 Mother

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Intestinal Hemorrhage	How long	3 days
Immediate	Exhaustion & Stomach	How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Ray Steele
		Address	Cambridge Md
Accident or Suicide?		✓	





Name  
in  
Full

Geo. A. Harris

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> Cambridge<sup>County</sup> DorchesterDate  
of death 1905

Month

2

Day

23

Years

Age

Months

Days

Sex

Male

Color or  
Race

Blk

Birth-  
place

Balls Blk. Md.

Occupation

Laborer

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Married

Name of Wife or  
Husband

Sarah Ann Harris

Father's  
Name

Edw Harris

Father's  
BirthplaceMother's  
Maiden Name

Annie —

Mother's  
BirthplaceName of person giving  
information

Sarah A Harris

How related  
to deceased

Wife

## CAUSES OF DEATH

Primary

Arterio-Sclerosis

60y ✓

How long

Immediate

Paralysis

How long

Are the name, age, sex, color, date  
and place correctly given above?

yes wife

Signature of  
Physician

E E Wolff M.D.

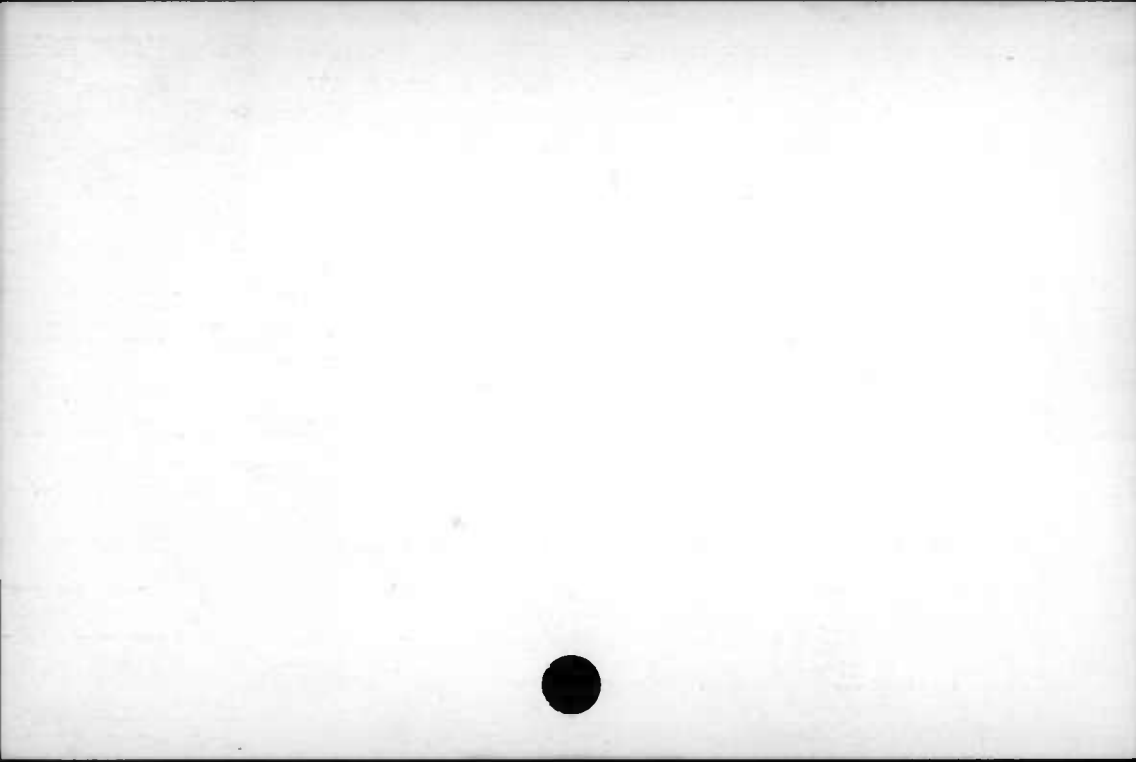
Address

age as not known by wife

Cambridge Md.

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

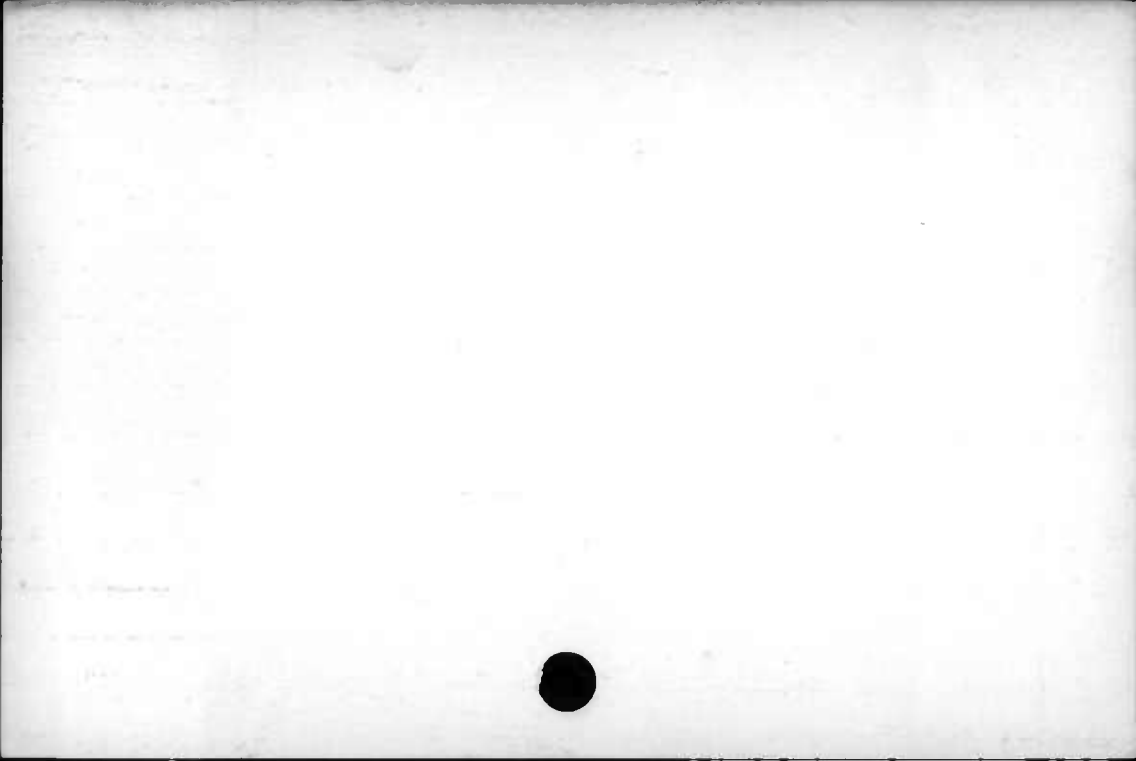
MARYLAND

Died at <i>Croft</i> Town		<i>Lochester</i> County			
Date of death	<i>1905</i>	Month <i>7</i>	Day <i>11</i>	Age <i>73</i>	Years <i>10</i> Months Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Ind</i>		
Occupation <i>None</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Divorced</i>		Name of Wife or Husband			
Father's Name <i>Calph Roberts</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Money</i>			Mother's Birthplace <i>Ind</i>		
Name of person giving information <i>George Robinson</i>			How related to deceased <i>Son</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Tuberculosis of Lungs</i>	How long	<i>2 years</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>E. A. P. Jones</i>	
		Address <i>Croft, Ind</i>	
Accident or Suicide?			



Name in Full

Certificate of Death

Emmie Hughes

Town

County

Died at

Petersburg

Klooswater

MARYLAND

Date

Month

Day

Y.

M.

D.

Native of

Occupation

1905

Feb. 26

Age

few minutes

Md

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Ernest Johnson

Mother's

Name

Mary Hughes

Cause of

Primary

Cont known few minutes

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Eliza Aldrich

Address

Surrey

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 65968



Name in Full

Certificate of Death

Mary Jackson

Died at E. Newmarket Dr.

MARYLAND

Date 1908-2-24 Y. M. D. Native of Md Occupation ~~Infant~~

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored Single Widowed Number of children living

Husband of ~~Wife of Mary Jackson~~

Father's Name Wm Jackson Mother's Name ~~Don't Know~~

Name Maiden Name

Cause of Death { Primary Immediate } Bronchitis

How long sick 1 week

Accident Suicide Homicide

Reported by A. S. Bayers

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998





Name  
in  
Full

Ephraim Jenkins

## CERTIFICATE OF DEATH

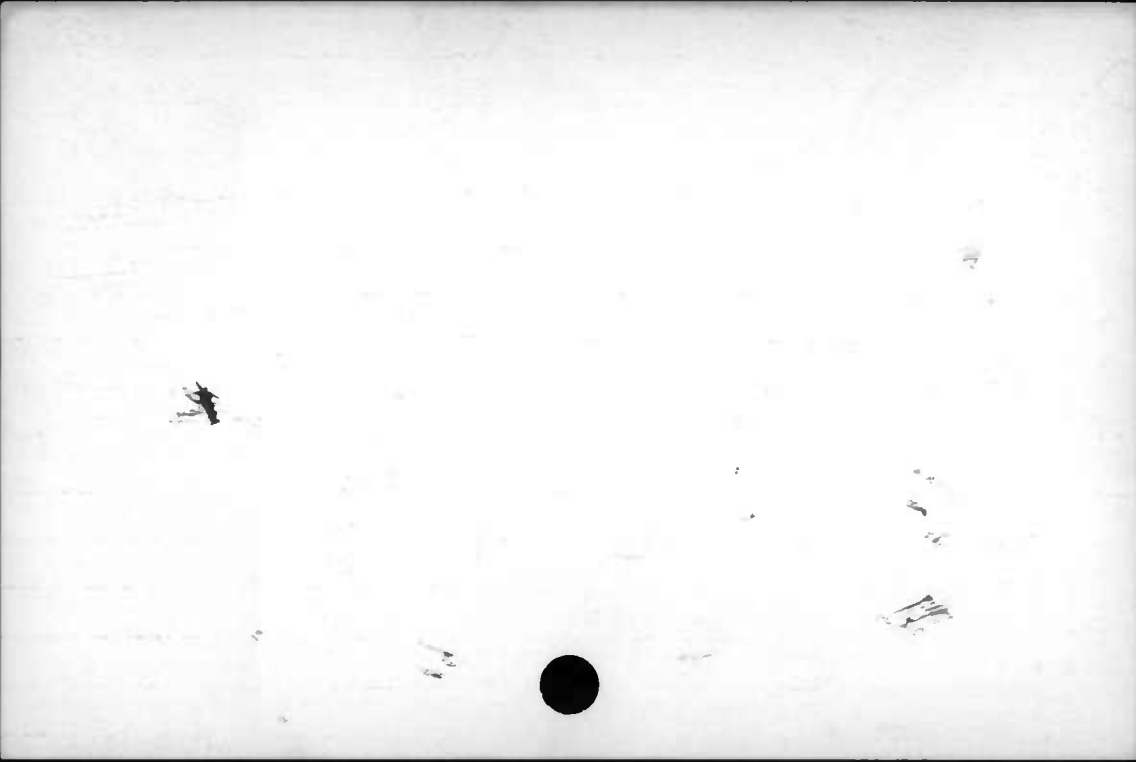
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cambridge</i>		Town <i>Brookline</i>		County		MARYLAND	
Date of death	1905	Month	2	Day	27	Years	25
Sex	Male		Color or Race	Blk		Birth-place	Ind.
Occupation	Oyster Shucker			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband	Phoebe Jenkins			
Father's Name	Frank Jenkins				Father's Birthplace	Ind.	
Mother's Maiden Name	Isabelle Simms				Mother's Birthplace	Ind.	
Name of person giving information	Charles Downs				How related to deceased	Bro & Bro.	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Tuberculosis		How long	27
Immediate	Exhaustion		How long	
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	E. C. Wolff M.D.
			Address	Cambridge, Ind.
Accident or Suicide?				



Name  
in  
Full

Mathew Kane Sannes

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hopkinton</i> <sup>Town</sup>		<i>Dorchester</i> <sup>County</sup>		MARYLAND	
Date of death 190	<i>5</i> <sup>Month</sup> <i>Feb</i>	<i>12</i> <sup>Day</sup> <i>th</i>	Age <i>78</i> <sup>Years</sup>	<i>3</i> <sup>Months</sup>	<i>25</i> <sup>Days</sup>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Dorchester</i>			
Married, Single or Widowed <i>Married</i>	Occupation <i>- none -</i>				
Name of Wife or Husband <i>Nancy Slacum</i>					
Father's Name <i>Kane Lewis</i>			Father's Birthplace <i>Dorchester</i>		
Mother's Maiden Name <i>Leroy Lewis</i>			Mother's Birthplace <i>Dorchester</i>		
Name of person giving information <i>Mrs. W. A. Simmons</i>			How related to deceased <i>Daughter</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Chronic Bronchitis</i>	<i>9</i> <sup>How long</sup> <i>2 years</i>
Immediate <i>Bronchorrhoea Passive congestion</i>	<i>5</i> <sup>How long</sup> <i>days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. A. Bruston</i>
	Address <i>Fishing Creek</i>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Cambridge</u> <sup>Town</sup>		<u>Brockton</u> <sup>County</sup>		MARYLAND	
Date of death	<u>1905</u>	Month <u>July</u>	Day <u>25</u>	Age <u>—</u>	Years <u>—</u>
Sex	<u>Male</u>		Color or Race	<u>white</u>	
Occupation	<u>—</u>		Birth-place	<u>Cambridge Md.</u>	
Married, Single or Widowed <u>Single</u>			Name of Wife or Husband <u>—</u>		
Father's Name <u>Chas. Mc Mahan</u>			Father's Birthplace <u>Md.</u>		
Mother's Maiden Name <u>Estella Harsett</u>			Mother's Birthplace <u>Md.</u>		
Name of person giving information <u>Estella McMahon</u>			How related to deceased <u>Mother</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Copious Bronchitis</u>	How long	<u>2 weeks</u>
Immediate	<u>Exhaustion</u>	How long	<u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>John Mac</u>	
		Address <u>Cambridge Md.</u>	
Accident or Suicide?			



Name  
in  
Full

Hulda Augusta Mills

## CERTIFICATE OF DEATH

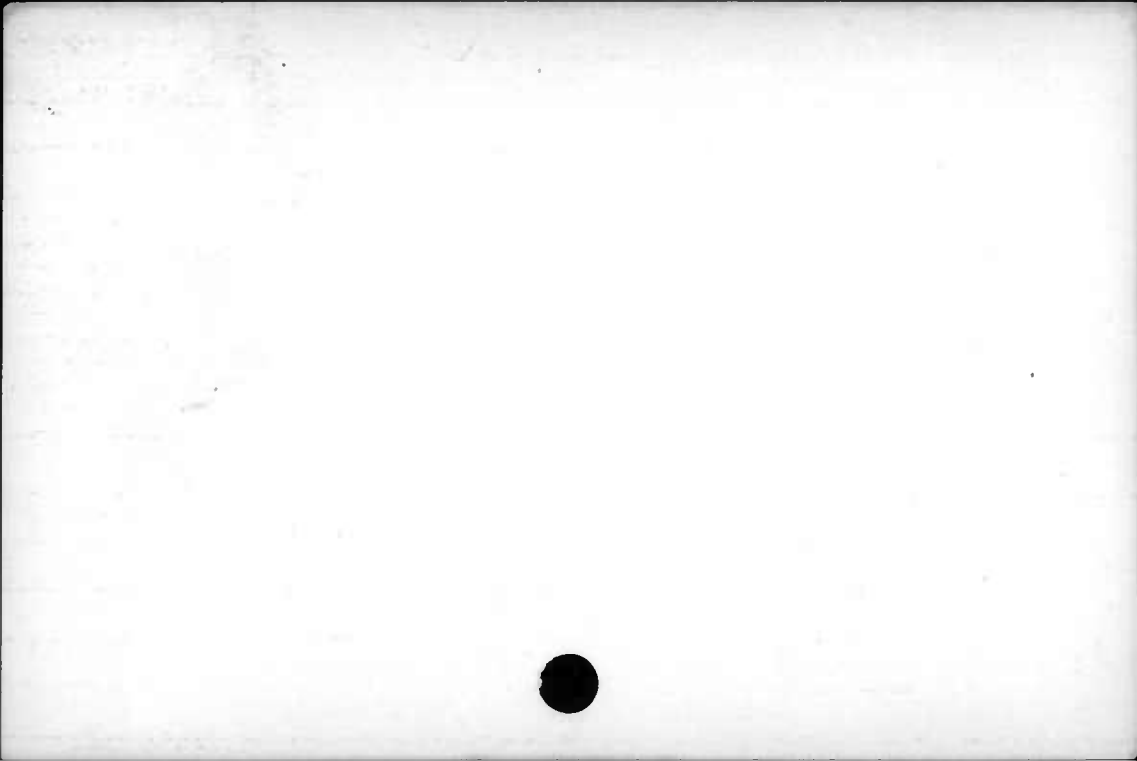
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> <i>Bishop's Head</i>		<sup>County</sup> <i>Donchester</i>		MARYLAND							
Date of death	1905	Month	<i>Feb</i>	Day	<i>12</i>	Age	Years	Months	<i>4</i>	Days	<i>10</i>
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	<i>Ind</i>				
Occupation	<i>A</i>			Where Residing if not at place of death							
Married, Single or Widowed	<i>A</i>			Name of Wife or Husband							
Father's Name	<i>John O. Mills</i>						Father's Birthplace	<i>Ind</i>			
Mother's Maiden Name	<i>Jennie S. Jones</i>						Mother's Birthplace	<i>Ind</i>			
Name of person giving information	<i>John O. Mills</i>						How related to deceased	<i>Father</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary			How long		
Immediate	<i>Acute Bronchitis</i>		How long	<i>5 days</i>	
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician	<i>J. A. P. Jones</i>	
			Address	<i>Bishop's Head, Ind</i>	
Accident or Suicide?					





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

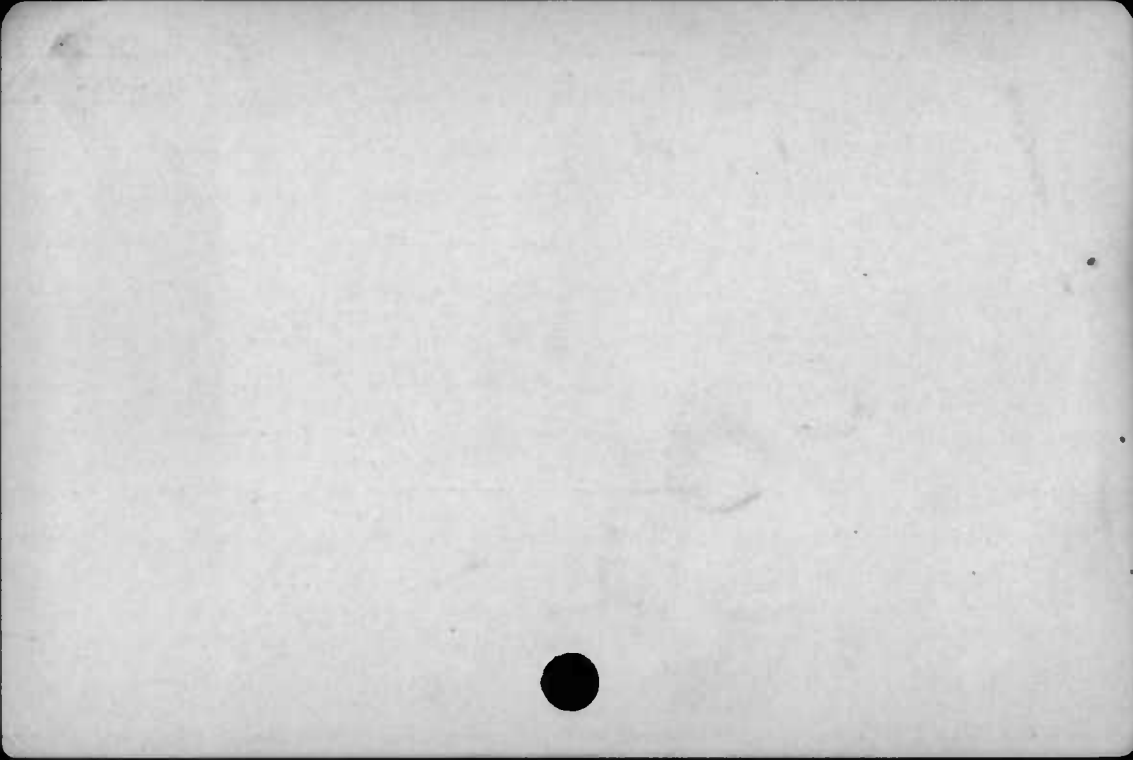
Died at *Cambridge* TownCounty *Montgomery*Date  
of death *1905*Month *10*Day *10*Age *90* YearsMonths *10*Days *—*Sex *Male*Color or  
Race *White*Birth-  
place *Ind*Occupation *clerk*Where Residing if not  
at place of death *Cambridge*Married, Single  
or Widowed *Single*Name of Wife or  
Husband *—*Father's  
Name *Joseph Peters*Father's  
Birthplace *Ind*Mother's  
Maiden Name *Heller*Mother's  
Birthplace *Ind*Name of person giving  
InformationHow related  
to deceased *—*

## CAUSES OF DEATH

Primary *Bronchitis*How long *about 10 days*

Immediate

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician *John M. ...*Address *...*Accident or Suicide? *✓*



Name  
in  
Full

Rebecca J. Ruark

CERTIFICATE OF DEATH

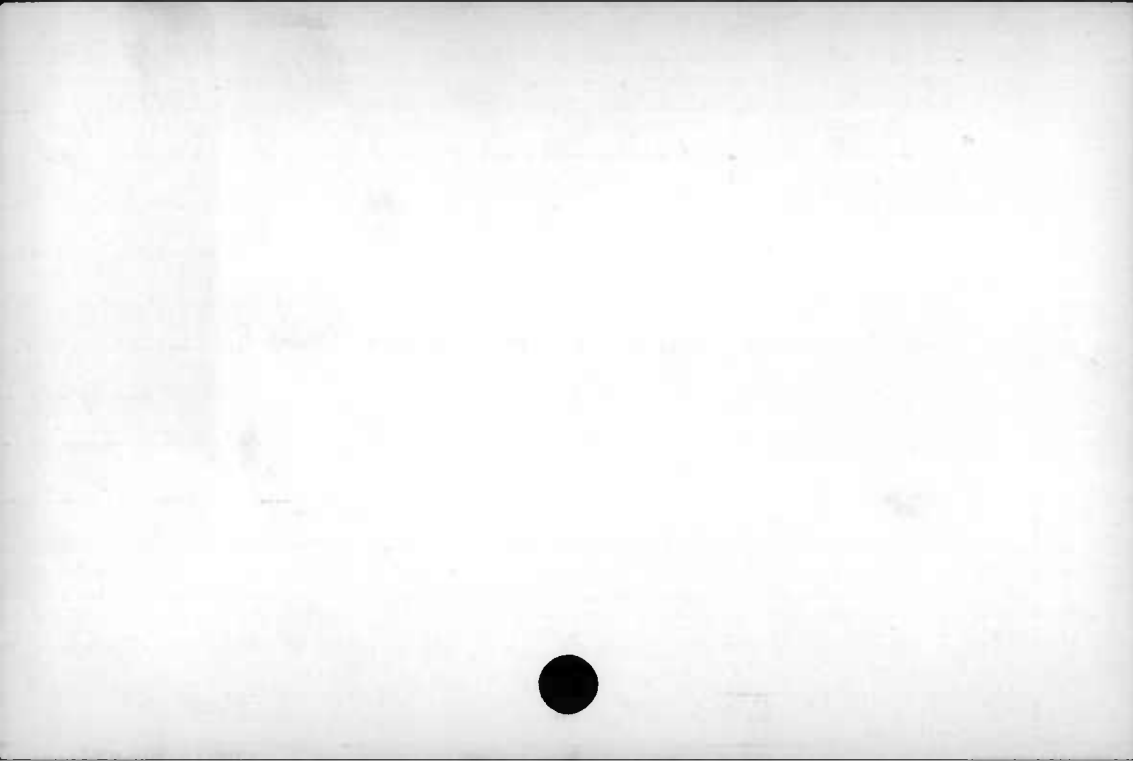
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date		Month		Day		Years	
of death 190		3 <sup>rd</sup>		Feb		13 <sup>th</sup>	
Sex		Female		Color or Race		White	
Married, Single or Widowed		Widow		Occupation		Housewife	
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Tom. Alexander Simmons				Dorchester Co.			
Mother's Maiden Name				Mother's Birthplace			
Susan Travers				Dorchester Co.			
Name of person giving information				How related to deceased			
Henry W. Ruark				Son			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary		How long	
Lobar Pneumonia		8 days.	
Immediate		How long	
Cardiac syncope		12 hours.	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		W. H. Houston M.D.	
		Address	
		Fishing Creek Ind.	
Accident or Suicide			



TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

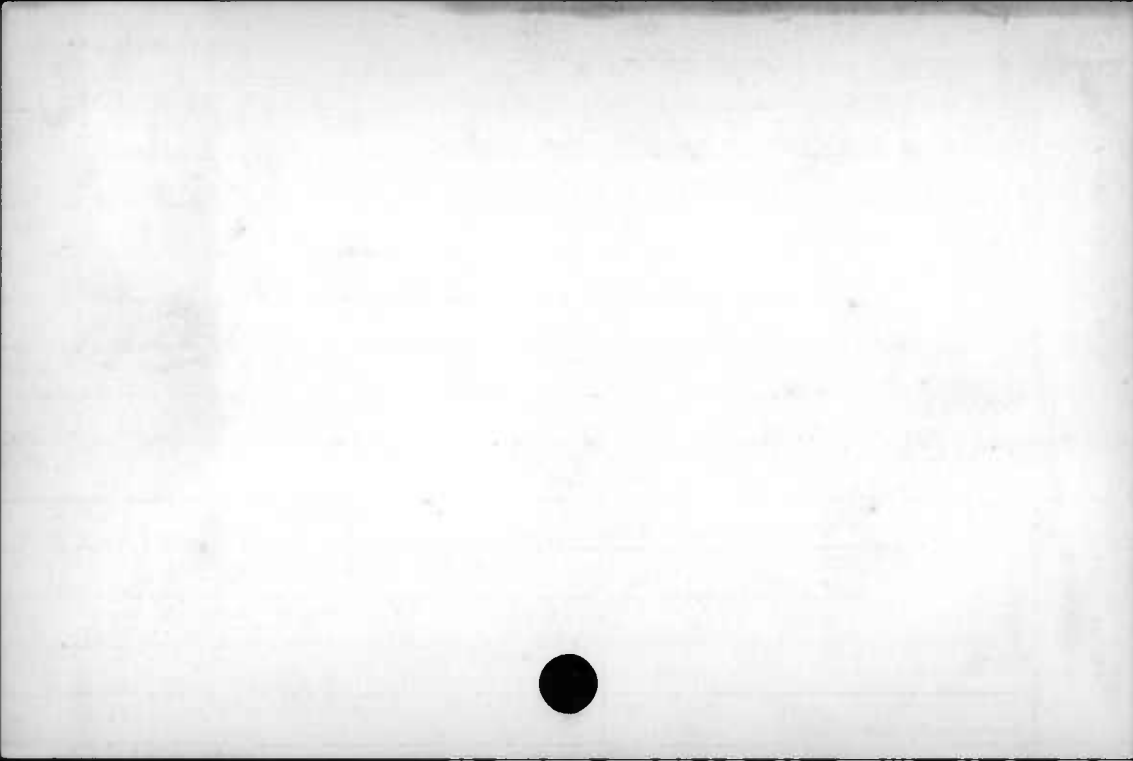
# CERTIFICATE OF DEATH

## MARYLAND

Name of person giving information	S. J. S. S.	How related to deceased	17.
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### CAUSES OF DEATH

Accident or Suicide? ☒ No ☐ Yes



Name  
in  
Full

## CERTIFICATE OF DEATH

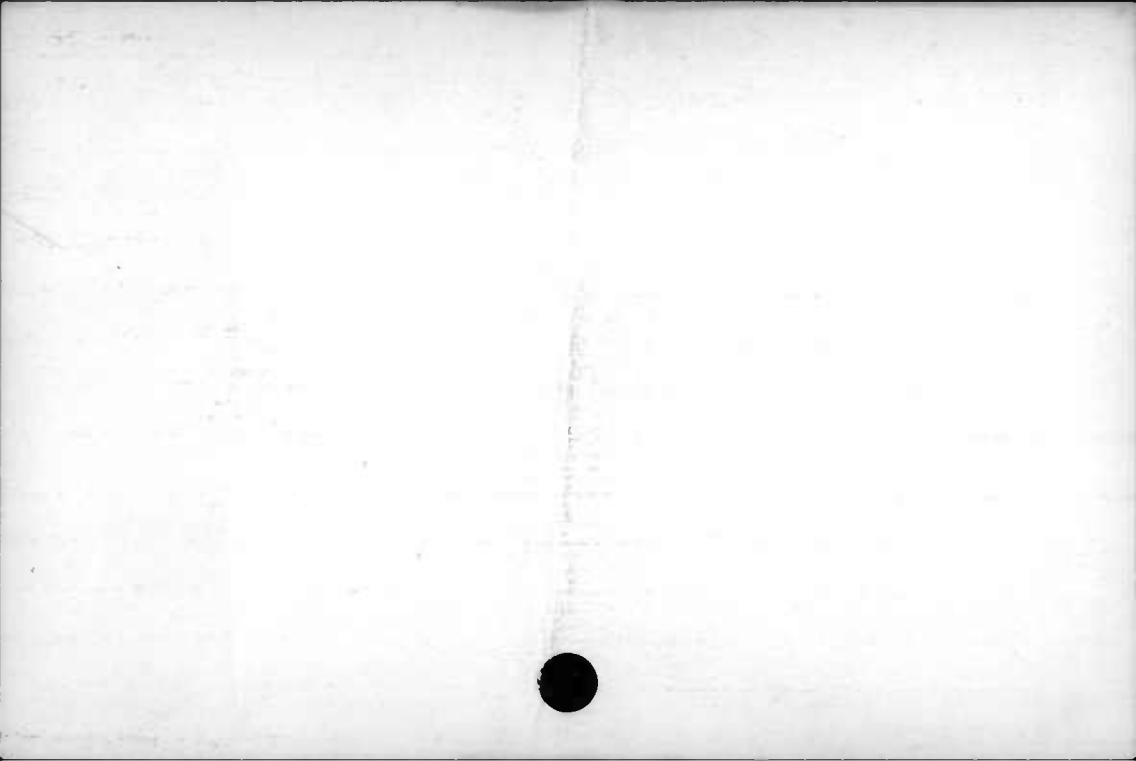
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Alice Travers</i>		Town <i>Taylor Island</i>		County <i>Dorchester</i>		MARYLAND	
Died at <i>Taylor Island</i>							
Date of death <i>1905 Feb.</i>		Month <i>Feb.</i>		Day <i>17</i>		Age <i>50</i>	
Sex <i>Female</i>		Color or Race <i>African</i>		Birth-place <i>Md</i>			
Occupation <i></i>		Where Residing if not at place of death <i></i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Jos. Travers</i>					
Father's Name <i>Nathan Gunnrock</i>		Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>Sarah Gamby</i>		Mother's Birthplace <i>Md</i>					
Name of person giving information <i>Mrs. Wilson</i>		How related to deceased <i>Cousin</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Typhoid Fever</i>		How long <i>2 weeks</i>	
Immediate <i>Exhaustion</i>		How long <i></i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Jos. R. Shivers, Jr.</i>	
		Address <i>Taylor Island Md.</i>	
Accident or Suicide? <i></i>			





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Frederick* Town*Orchester* CountyDate of death *1901* - *July* MonthDay *20*

Age

Years *—*Months *3*Days *8*Sex *Female*Color or  
Race*white*Birth-  
place*Salem Md.*

Occupation

Where Residing if not  
at place of deathMarried, Single  
or Widowed*Single*Name of Wife or  
HusbandFather's  
Name*Gay. Frederick*Father's  
Birthplace*Wm. Co. Md.*Mother's  
Maiden Name*Alvina Barnett*Mother's  
Birthplace*Wm. Co. Md.*Name of person giving  
Information*Alvina Frederick*How related  
to deceased*Mother*

## CAUSES OF DEATH

Primary

*Pneumonia**93*

How long

*3 days*

Immediate

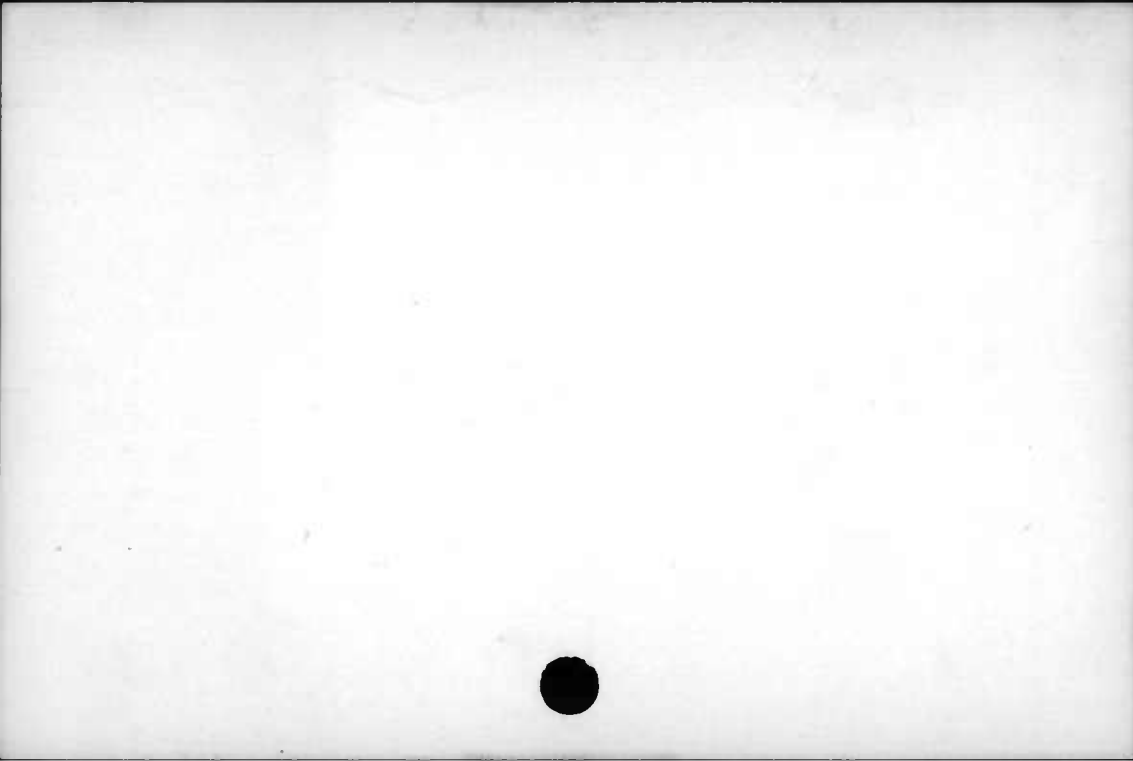
*Exhaustion*Are the name, age, sex, color, date  
and place correctly given above?*Yes*Signature of  
Physician

Address

*Alvina Frederick Mother*  
*Salem Md.*

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died <i>Near Woodford</i>		County <i>Dorchester</i>		MARYLAND	
Date of death 1905	Month <i>Feb'y.</i>	Day <i>25<sup>th</sup></i>	Age <i>X</i>	Months <i>3</i>	Days
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Near Woodford Md</i>	
Married, Single or Widowed <i>X</i>			Occupation <i>X</i>		
Name of Wife or Husband <i>X</i>					
Father's Name <i>Clarence Wallace</i>			Father's Birthplace <i>Dor. Co. Md</i>		
Mother's Maiden Name <i>Mattie M. Wheatley</i>			Mother's Birthplace <i>Dor. Co. Md</i>		
Name of person giving information <i>Father, Clarence Wallace</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Congestion of lungs 95</i>		How long	<i>about 20 hours.</i>
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician <i>B. L. Smith M.D.</i>	
			Address <i>Madison, Md.</i>	
Accident or Suicide? <i>✓</i>				

